

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 56892 (70904)									
In re Application of S. Yoshiura et al.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Application Number 10/052,163-Conf. #3184</td> <td style="width: 40%; padding: 2px;">Filed January 17, 2002</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For METHOD FOR MANAGING ELECTRONIC APPARATUS, ELECTRONIC APPARATUS, AND MANAGEMENT SYSTEM FOR THE SAME</td> </tr> <tr> <td style="padding: 2px;">Art Unit 2625</td> <td style="padding: 2px;">Examiner G. Garcia</td> </tr> </table>		Application Number 10/052,163-Conf. #3184	Filed January 17, 2002	For METHOD FOR MANAGING ELECTRONIC APPARATUS, ELECTRONIC APPARATUS, AND MANAGEMENT SYSTEM FOR THE SAME		Art Unit 2625	Examiner G. Garcia		
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<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 510.00</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>04-1105</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>I am the</p> <table style="width: 100%;"> <tr> <td style="width: 60%; vertical-align: top;"> <input type="checkbox"/> applicant /inventor. </td> <td style="width: 40%; vertical-align: top;"> <div style="border-bottom: 1px solid black; text-align: center;">/Steven M. Jensen/</div> <div style="text-align: center;">Signature</div> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) </td> <td style="vertical-align: top;"> <div style="border-bottom: 1px solid black; text-align: center;">Steven M. Jensen</div> <div style="text-align: center;">Typed or printed name</div> </td> </tr> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>42,693</u> </td> <td style="vertical-align: top;"> <div style="border-bottom: 1px solid black; text-align: center;">(617) 517-5531</div> <div style="text-align: center;">Telephone number</div> </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____ </td> <td style="vertical-align: top;"> <div style="border-bottom: 1px solid black; text-align: center;">March 14, 2008</div> <div style="text-align: center;">Date</div> </td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".</p>				<input type="checkbox"/> applicant /inventor.	<div style="border-bottom: 1px solid black; text-align: center;">/Steven M. Jensen/</div> <div style="text-align: center;">Signature</div>	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	<div style="border-bottom: 1px solid black; text-align: center;">Steven M. Jensen</div> <div style="text-align: center;">Typed or printed name</div>	<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>42,693</u>	<div style="border-bottom: 1px solid black; text-align: center;">(617) 517-5531</div> <div style="text-align: center;">Telephone number</div>	<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____	<div style="border-bottom: 1px solid black; text-align: center;">March 14, 2008</div> <div style="text-align: center;">Date</div>
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<input type="checkbox"/> *Total of <u>1</u> forms are submitted.											